RENAL STONE WORKSHEET

NAME:_____ SSN:_____
DATE:_____

Urinalysis: Date:_____
Ph _____
Protein _____
Microscopic _____
Culture & Sensitivity _____

CBC: Date:_____
HCT _____
HGB _____
WBC _____
Seg: _____Band _____Mono _____Lymph _____
Baso _____Eos _____

Blood/Serum Chemistry

DATE	_____
Creatinine	_____
Uric Acid	_____
Calcium	_____
Phosphate	_____
Na	_____
K	_____
Cl	_____
HCO3	_____

Continuation of waiver requires a single set of blood chemistry.

24-hour Urine Collection (Report in gm/24 hr): Date: _____

Calcium	_____
Phosphate	_____
Uric Acid	_____
Creatinine	_____
Total Volume	_____

IVP Results: Pre (If available)_____

Post (required)_____

Stone Analysis(if available):_____